St. Bartholomew Church

Religious Education Registration 2019-2020

REGISTRATION DUE JUNE 30, 2019

ALL FORMS RECEIVED AFTER JUNE 30 ARE SUBJECT TO FEE INCREASE

PLEASE PRINT

Student Name_____ M/F Date of Birth_____
Last *First* *M.I.*

Address_____
Street *Town* *Zip Code*

Home Phone_____ Family Email Address_____

Name of Public School _____Grade in Sept 19 _____ Grade in Religious Ed._____

Siblings/Grade in the Program _____

Family Information

Families seeking to register their children for Religious Education must be a registered parishioner of St. Bartholomew Church

Registered Family Name _____Registered Parishioners? _____Envelope # _____

Father's Name_____ Religion _____Marital Status _____

Occupation _____Work Phone _____Cell Phone _____

Mother's Name_____ Religion _____Marital Status _____

Occupation _____Work Phone _____Cell Phone _____

Child resides with_____ Child Carpools with _____

Parent Handbook Acknowledgement

Please refer to the Parish Website, www.stbartseb.com to download and review the Parent Handbook which outlines our policies and procedures especially concerning Safety, Dismissal and Appropriate Behavior.

_____**Our family has review the Parent Handbook & understands the policies of the program**.

Emergency Contact

In the event a parent cannot be reached

Name _____Relationship to child _____Phone # _____

Name _____Relationship to child _____Phone # _____

In the event of an emergency our choice of Hospital is: St. Peter's _____ Robert Wood Johnson ___ Raritan Bay _____

I authorize St. Bartholomew to transport my child to the hospital in the event of an extreme emergency.

_____ _____
Signature of Parent *Emergency Phone Number*

Special Health Concerns

Allergies_____ EPI Pen _____Illness/Anxiety_____

If you child needs medication, you need to send it with them every week to class.
Please communicate with your child's catechist of your child's health needs.

Special Learning Needs

Receives in class support _____Resource Room ____ ADD/ADHD____

Parents please note that unless indicated, all children will be expected to behave appropriately and progress on grade level. Please let us know of anything you feel we should know about your child's needs and how to best work with them in class. This information will remain confidential.

Choice of Session

Please indicate 1st, 2nd and 3rd Choice

Session I Tuesday 4:30 _____Session II Tuesday 6:30_____ Session III Thursday 4:30 _____

New Registrations and Transfer Students

Children who have not been baptized at St. Bartholomew Church must attach a copy of their Baptismal Certificate and Sacramental Records and record of prior Religious Education to this application. Only registered parishioners may attend the program.

Baptism: Church _____City: _____ Date_____

First Penance: Church _____City _____Date _____

First Eucharist: Church _____City _____Date _____

Time and Talent

Our program can only be successful with your help. Volunteers are need in all areas to promote spirituality and safety of our children. Please consider joining this ministry. Please indicate how you can help.

Catechist/Teacher_____ Substitute Catechist _____Classroom Aide _____Substitute Aide _____

Grade Level Preference _____ Hall Monitor _____